

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL ingrid.williams@msdh.ms.gov	SUBMIT DATE 8/16/2016	Name or number of rule(s): Title 15, Part 5, Subpart 85 Public Health Statistics: Chapter 2 ; Subchapter 3 Certification and Service Fees		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Increase the certification and service fees for Vital Records

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. 41-57-1

List all rules repealed, amended, or suspended by the proposed rule: Rule(s): Subchapter 3, Rule 2.3.1 (Rule 11)

ORAL PROCEEDING:

X An oral proceeding is scheduled for this rule on

Date: 9/12/16

Time: 8:30 a.m.

Place: MSDH Osborne Auditorium, 570 E Woodrow Wilson, Jackson, MS 39205

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. X Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer

Signature of person authorized to file rules: *Mitchell Adcock*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by <u>#22183</u> <i>[Signature]</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Mississippi State Department of Health	CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700/570 E Woodrow Wilson Blvd.	CITY Jackson	STATE MS	ZIP 39215
EMAIL Ingrid.williams@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Title 15, Part 5, subpart 85 Public Health Statistics: Chapter 2; Subchapter 3 Certification and Service Fees		
Specific Legal Authority Authorizing the promulgation of Rule: Miss code Ann. 41-57-1		Reference to Rules repealed, amended or suspended by the Proposed Rule: Subchapter 3. Rule 2.3.1	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Improved business processes benefit the Vital Records customer and businesses that depend on timely accurate records.
2. Briefly describe the need for the proposed rule:
Approving the certification and service fee fifteen percent (15%) increase for Mississippi Vital Records will allow the Bureau to improve process efficiency by migrating manual filing of records to electronic; fund employee salaries; and integrate and update Vital Records software.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
The proposed certification and service fees will be increased by fifteen percent (15%). Fees were last increased in 2008. Since that time, business expenses have increased affecting the cost of filing, processing and certification of vital records.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - b. To other state or local government entities
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - d. Economic Benefit:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
6. Estimated impact on small businesses:
 - a. Estimate of the number of small businesses subject to the proposed regulation:

b. Projected costs for small businesses to comply: Statement of probable effect on impacted small businesses: None

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- ☐ substantially less than ☐ moderately less than ☒ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- ☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☒ moderately more than
☐ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- ☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. MSDH Vital Records evaluated current business practices, reviewed FY 2016 "point of sale transactions", business expenses and revenue collected. This information was used in making the recommendations of the proposed action and completing this form.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

An oral proceeding on the proposed rule will be scheduled at the MSDH, Osborne Auditorium, 570 E Woodrow Wilson, Jackson, MS 39206. The exact date and time will be advertised on the Secretary of State Website.

SIGNATURE

Mitchell Adcock by ASW

DATE

8/16/16

TITLE

Mitchell Adcock/Chief Administrative Officer

PROPOSED EFFECTIVE DATE OF RULE

30 days after filing